



## **CITY OF DUVALL VOLUNTEER AGREEMENT**

The City of Duvall offers citizens the opportunity to assist their community by providing various volunteer opportunities within the City. Volunteers who donate their time and effort are what makes Duvall a friendly place to live and demonstrates the spirit of cooperation for which the City is well known.

Volunteers are advised that their work can sometimes be hazardous. Therefore, volunteers must exercise proper care in performing their assigned activities. If there is any work you CANNOT do because of a physical limitation, please identify it here: \_\_\_\_\_

Volunteers may also be entitled to receive insurance coverage for medical treatment for injuries incurred during participation in the volunteer activities.

### **ACCEPTANCE OF PROGRAM REQUIREMENTS**

As a volunteer for the City of Duvall, I recognize that there are certain risks of physical injury or property damage which I may sustain while participating in volunteer activities. Being fully informed as to these risks, and in consideration of being given the privilege to participate in the volunteer program, I hereby assume on behalf of myself and my heirs, all risks in connection with my participating in this program; and I further agree to hold the City of Duvall, its officials, employees and agents harmless for any injury or loss which may occur to me while I am participating in this program.

Type of Volunteer Service: DUVALL DAYS EVENT

Date(s) of Volunteer Service: \_\_\_\_\_

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home #. \_\_\_\_\_ Cell #. \_\_\_\_\_

Email Address: \_\_\_\_\_

Hours Available: Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Preferred Work (if any): \_\_\_\_\_

T-Shirt Size (circle one)    Medium    Large    Extra Large    2X Large